



# Annual Benefits Guide

## 2008 Plan Year

### for Arkansas State Employees

Provided by



Employee Benefits Division  
Department of Finance & Administration  
STATE OF ARKANSAS



## Letter from the Executive Director...

Dear Members,

Welcome to Open Enrollment. This is the time for you to review your options and choose the benefit plan that is right for you and your family for the upcoming plan year. This year, changes have been implemented in the ARHealth Plan in hopes of streamlining the benefit offering and eliminating some of the confusion that many members feel during their enrollment period.



I encourage you to take some time and study this Benefits Guide to learn the real benefits of the ARHealth Plan; benefits such as a comprehensive preventative/wellness program and a quality schedule of benefits designed to provide coverage in times of serious medical issues. These are some of the *real* benefits of the ARHealth Plan, not just a low copayment for generic drugs.

The 2008 Plan Year changes are designed to lower the overall administrative expenses of the Plan. By lowering operating expenses and increasing efficiency, we can gain savings and help control future rate increases. Over the last few years, we have taken significant steps to reduce administrative costs associated with the Plan. Since the Employee Benefits Division (EBD) began printing the ID cards, we have saved the Plan almost \$1 million. We have also negotiated lower administrative fees from our benefit coordinators due in part to the consolidation of plan options, for a savings of over \$3 million. The PriLOSEC initiative that began in 2003 has saved the Plan over \$16 million. Other initiatives such as a more proactive approach to utilization and case management will provide our members with medically necessary care as well as specific services designed to assist our most catastrophically ill members.

But administrative expenses only go so far. Remember, ARHealth is a self funded plan. To address the issue of rising claims, we are looking at ways to reduce costs through more aggressive promotion of the wellness and disease management programs. We have expanded EBD's Health Services department to better communicate with our Benefit Coordinators, Medical Case Managers, Disease Management Teams, our Utilization Management Partner, and Medical Providers.

- Better communication = better health management
- Better health management = fewer claims
- Fewer claims = lower premiums

It is our goal at EBD to provide a quality schedule of benefits at a price that will allow every member an opportunity to participate. It is only through aggressive management and flexibility that this can be achieved.

Sincerely,

A handwritten signature in black ink that reads "Sharon Dickerson". The signature is fluid and cursive.

Sharon Dickerson  
Executive Director  
Employee Benefits Division

# Table of Contents

## What's New for 2008?

Plan Changes for 2008 Plan Year .....	2
---------------------------------------	---

## How is The Plan Different?

ARHealth .....	3
ARHealth HD PPO .....	3

## What Changes Can I Make?

Enrollment Information and Mid-year Changes .....	4
---	---

## How Do I Enroll in ARHealth During Open Enrollment?

Additional Enrollment Instructions for ARHealth .....	5
---	---

## Who Can Help With Questions?

Important Contact Information .....	6
-------------------------------------	---

## What Does ARHealth Cover?

Summary of Common Services .....	7
Schedule of Benefits .....	8-12

## What Else Comes With ARHealth?

Behavioral/Mental Health & Substance Abuse Services .....	13
ARWellness .....	14
Utilization Management .....	15
Preventative Care / Wellness Benefits .....	16-17
Health Savings Accounts .....	18-19

## What Other Benefits Do I Have?

Star EAP .....	20
ARDiamondDeferredCompensation .....	21
ARCAP .....	22
Voluntary Products .....	23
Life Insurance .....	24-27

## How Much Will It Cost Me?

Active Employee Rates .....	28
Health Risk Assessment .....	29
COBRA Rates .....	30

## Thinking About Retirement?

Helpful Info .....	31
--------------------	----

## But I Have A Question...

Active Employee Frequently Asked Questions .....	32
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### Included Forms:

**New!** Summary Plan Description Request Form  
HSA Application & Salary Reduction Agreement

# What's New for 2008?

For the 2008 Plan Year, your health insurance has a new look. Benefit options, networks, and even the schedule of benefits have been changed for this new plan year. These changes are designed to streamline the Plan, reduce administrative costs, and provide a more economical and manageable insurance program for our membership.

## Welcome to ARHealth

### Change in Plan Options & Benefit Coordinators

This year, members have the option of the ARHealth Plan offered through both **Health Advantage** and **NovaSys Health** and the ARHealth HD PPO (an HSA qualified high deductible PPO) which is also offered through **NovaSys Health**.

*Blue Cross & Blue Shield and QualChoice are no longer active Benefit Coordinators for the ARHealth Plan.*

The ARHealth Plan takes the plan design of an HMO, POS and PPO plan and combines them to form an entirely new option.

- POS members will see little difference between the ARHealth Plan and the POS plans of the past, with one major exception; members are not required to select a Primary Care Physician (PCP).
- HMO members will still have the benefit of low co-pays and a \$0 deductible, but have the added benefit of plan coverage for services provided by an Out-of-Network provider. Traditional HMO plans specifically exclude all Out-of-Network services and require that 100% of the charge be paid by the member. That is NOT the case with ARHealth.
- PPO members still have open access to their network without referrals and a PCP. PPO members will also receive a significant premium reduction by switching to the ARHealth or ARHealth HD PPO plan option, compared to the 2007 Plan Year premiums.

### Change in Benefit Schedule

Provided in this Annual Benefits Guide is a comprehensive Schedule of Benefits with notation for additional services that require pre-authorization by American Health Holding, our Utilization Management partner. Some of the more significant changes are listed below. Please review the Schedule of Benefits carefully.

#### Benefit Enhancements:

- Additional vaccines & immunizations have been added to the Wellness/Preventative Care benefits, including Gardasil (females ages 9–26) and Zostavax Vaccine (adults age 60 & over).
- Out-Patient Rehabilitation services coinsurance reduced from 20% to 10%.
- New Utilization and Case Management Services will be provided.
- Enhanced TMJ/TMD Coverage

#### Benefit Changes:

- Copayments for Specialist Office Visit were increased to \$35 and Physician Office visits were increased to \$25.
- Preferred (Tier II) Prescription Copayments were increased to \$30 and the Non-Preferred (Tier III) Prescription Copayments were increased to \$60.
- Out-Patient Radiology Services has a \$250 copayment along with a 10% coinsurance. These fees would apply for radiology services such as MRI, CT, MRA, and PET Scans. It will not apply to simple x-rays.
- Annual Coinsurance limit has been increased for the family to \$2,000.
- Coinsurance increased to 10% for many In-Network services and to 40% for most Out-of-Network services.
- Preventative services for dental and vision are no longer available.



# How is The Plan Different?

## ARHealth - *The benefit of a network without limitations*

**A**RHealth is a plan unlike any other that has been offered in the past. It is a combination of the HMO, POS, and PPO Plans that are very familiar to most members. ARHealth is offered through both the Health Advantage and NovaSys Health networks. With expansive networks, members have the ability to access In-Network providers across the state and even across the country.

- ARHealth members still have access to their network providers with low cost copayments at the point of service, just as HMO and POS members have come to appreciate as a valuable part of their health plan.
- Referrals are no longer needed for specialist visits so each member has open access to any In-Network provider, a feature that many PPO members have valued for years.
- Services are not only available through In-Network providers. Under the ARHealth Plan, every member has the option to access medical services through In-Network or Out-of-Network providers. Your cost for Out-of-Network services is much more expensive than with In-network providers, but open access is important to many members. In the past, members on the HMO plans did not have access to Out-of-Network benefits, but now ALL members of ARHealth have the choice.

Self Funded



## ARHealth HD PPO - *Lower Cost and the Opportunity to Save*

**T**he ARHealth HD PPO is a plan that has been offered for a few years and is gaining popularity. ARHealth HD PPO is an "HSA Qualified Health Plan" and members have the option to open a Health Savings Account (HSA). The ARHealth HD PPO is not for everyone, but many members appreciate the lower monthly premiums and the opportunity to setup a personal savings account to pay for the medical expenses that come up from time to time.

The HD PPO stands for the High Deductible PPO plan where the individual member is responsible for a deductible before the health plan pays its portion of the coinsurance. With a deductible of \$1,250 for employee only and \$2,500 for family (including employee + child(ren) and employee + spouse) coverage, members who typically spend very little on health care may benefit from this plan option.

Because of the deductible and other differences in plan design, such as no office visit or prescription drug copays (these services apply toward the deductible), the premiums are significantly lower than other options. This equals hundreds, and in some cases thousands, of dollars in annual savings compared to the traditional ARHealth Plan. These savings can be deposited into your personal HSA and used if/when you have medical expenses.

### How does the HD PPO compare to the PPO of years past?

- **A higher deductible.** Under the HD PPO, a member is responsible for a deductible of \$1,250 instead of \$500 for employee-only coverage. This increase in deductible of \$750 is paid by the member before the health plan's coinsurance begins. The family deductible is an aggregate \$2,500 compared to only \$1,000 with the traditional PPO.
- **Lower monthly premiums.** A member with employee only coverage will have a premium savings when moving from the traditional PPO to the HD PPO. Members with family coverage will save even more. However, lower premiums should not be the only reason to elect this plan.
- **No copays.** Members in the PPO Plan have become familiar with no copays for physician or specialist office visits, but the HD PPO also has no copays for prescription drugs. One advantage is that the cost of the prescription counts toward the deductible whereas with the traditional PPO, the copays did not apply.
- **Provider Network.** In recent years, the traditional PPO plans were offered by both Blue Cross & Blue Shield and NovaSys Health. The HD PPO is only offered by NovaSys. Although their networks are comparable across the state, not all physicians and facilities participate in both networks. Please consult the online provider directory for a list of participating providers.

## What Changes Can I Make During Open Enrollment?

Many people view open enrollment as a time to quickly review the plan changes, check out the new rates, decide to stick with last year's plan, and just move on with more important things. But truthfully, what could be more important than your personal health or the health of your family?

Open Enrollment is the time to carefully review your options and make an informed decision about next year's health plan.

During Open Enrollment you can:

- Enroll for the first time
- Add or drop dependents
- Change plans or Benefit Coordinators
- Take the Health Risk Assessment (HRA) and save money on your monthly premiums



## What Changes Can I Make During the Plan Year?

### Important notice regarding dependents:

In most cases, changes to dependent coverage can only be done during open enrollment. Federal law prevents members from adding and removing dependents throughout the year without specific reasons such as marriage, the birth of a new child, loss of a spouse, or loss of other group health insurance coverage.

ARHealth is subject to many State and Federal regulations and many of them deal with mid-year changes to a member's health plan. The Summary Plan Description (SPD), which is made available to every member through the EBD website ([www.ARBenefits.org](http://www.ARBenefits.org)), has a full description of what changes can be made during the plan year. Below is a sample of situations and the changes that can be made.

**Birth or Adoption** – Coverage for the new child can be added to the member's plan in addition to other eligible dependents that are not currently enrolled

**Loss of Group Health Insurance Coverage for Spouse** – Coverage for the spouse can be added

**Marriage** – Coverage for the new spouse can be added to the member's plan.

**Divorce** – Coverage for the ex-spouse can be dropped from the member's plan

**Special rules and enrollment deadlines apply to each situation.**

**Please refer to the SPD for a more detailed description of allowable mid-year changes.**

# How Do I Enroll in ARHealth During Open Enrollment?

Open Enrollment is an annual event designed to allow members the opportunity to join the group health plan, make changes to their coverage, or leave the program without the requirement of special events or changes in their lives.

**Open Enrollment officially begins October 1 and will close October 31st.**

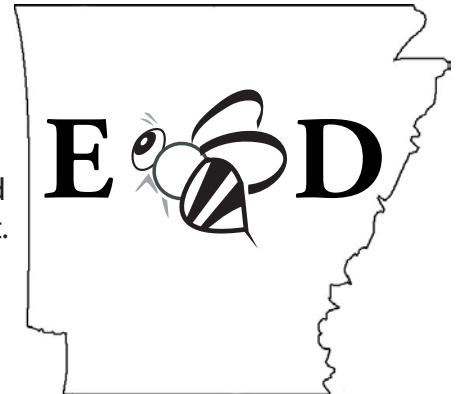
During this time, you must make your coverage elections for the 2008 Plan Year. Except in special situations, your election will be set for the full plan year and cannot be changed. Special situations could include the birth of a new child, marriage, divorce, or other limited events. The Summary Plan Description (SPD) can provide more information on allowed changes throughout the plan year.

**With the new rates, plan options and benefit changes, it is more important than ever to think about your choices and make the right decision.**

## Different Agencies - Different Procedures

This Annual Benefits Guide is only able to mention the basics of Open Enrollment. Because of the many different State Agencies, commissions, and other groups, your exact enrollment procedure may be different than other active employees.

- Some members may receive an Enrollment Form mailed to their home and be asked to return it to their main office.
- Some members may get a form during employee group meetings.
- Some members may be automatically enrolled in the new plan and have confirmation forms mailed out at the end of Open Enrollment.
- Still, others may have one-on-one meetings with their agency payroll / human resources to complete a new Enrollment Form to elect coverage.



**It is very important that you look for the enrollment directions from your specific agency. Only then will you know the process to elect or change your coverage.**

# Who Can Help With Questions?

## Contact Numbers for the ARHealth Plans

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### Health Advantage (ARHealth)

P.O. Box 8069  
Little Rock, AR 72203  
Phone: (800) 482-8416  
E-mail: customerserviceASE@arkbluecross.com  
Web: www.healthadvantage-hmo.com

### NMHC (Prescription Coverage: ARHealth & ARHealth HD PPO)

320 Executive Court Dr, Suite 201  
Little Rock, AR 72205  
Phone: (800) 880-1188  
Web: www.nmhc.com

### EBRx\* (Pharmacy Prior Authorization and Appeals)

UAMS College of Pharmacy: AR EBD  
Appeal  
4301 W. Markham, Slot 522-9  
Little Rock, AR 72205  
Phone: (866) 564-8258

\*Requires physician contact

### Minnesota Life (Life Insurance)

Group Insurance  
400 Robert Street North  
St. Paul, MN 55101-2098  
Phone: (800) 843-8358 (Customer Service)  
Phone: (888) 658-0193 (Claims)  
Fax: (651) 665-4827  
Web: www.minnesotalife.com

### DataPath Admin. Services (DPAS)

Health Savings Account (HSA) Administrator  
1601 Westpark Drive, Suite 9  
Little Rock, AR 72204  
Phone: (501) 687-6954 Phone: (877) 685-0655  
E-mail: ASE@idpas.com  
Web: www.idpas.com  
Web: www.ArkansasHSA.com

### NovaSys Health (ARHealth & ARHealth HD PPO)

P.O. Box 25310  
Little Rock, AR 72221  
Phone: (888) 870-8103 Phone: (501) 975-4853  
E-mail: customerservice@novasyshealth.com  
Web: www.novasyshealth.com

### NMHC Mail (Mail Order Pharmacy)

P.O. Box 407096  
Fort Lauderdale, FL 33340-7096  
Phone: (800) 881-1966  
Web: www.nmhcmail.com

### American Health Holding, Inc. (AHH) (Medical Utilization Review)

100 W. Old Wilson Bridge Road, Third Floor  
Worthington, OH 43085  
Phone: (800) 592-0358  
Fax: (614) 396-0532  
Web: www.americanhealthholding.com

### Corphealth / Star EAP

(Behavioral/Mental Health & Substance Abuse)  
10816 Executive Center Drive, Suite 206  
Little Rock, AR 72211  
Phone: (866) 378-1645  
E-mail: customerservice@corphealth.com  
Web: www.corphealth.com

### Fringe Benefits Management Company (FBMC)

ARCAP Administrator  
P.O. Box 1878  
Tallahassee, FL 32302-1878  
Phone: (800) 342-8017  
Phone: (800)-355-8771 (TDD)  
E-mail: customerservice@corphealth.com  
Web: www.myFBMC.com

## Employee Benefits Division (EBD)

General Benefit Information & Assistance

### Mailing Address:

P.O. Box 15610  
Little Rock, AR 72231-5610

Phone: (877) 815-1017

Phone: (501) 682-9656

E-mail: AskEBD@ARBenefits.org

Web: www.ARBenefits.org

### Physical Address:

501 Woodlane Street, Suite 500  
Little Rock, AR 72201






# What Does ARHealth Cover?

ARHealth is a comprehensive "POS Styled" health plan which combines the plan design of an HMO, POS and PPO plan. Members have the option of the ARHealth Plan offered through both **Health Advantage** and **NovaSys Health** or the ARHealth HD PPO (an HSA qualified high deductible PPO) which is also offered through **NovaSys Health**.

 Apple Icon indicates Wellness Benefit

## 2008 Plan Year - Summary of Common Services

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Deductible - Individual	-	\$0	\$1,000	\$1,250	\$3,000
Deductible - Family	-	\$0	\$2,000	\$2,500	\$6,000
Annual Coinsurance Limit - Individual (after deductible)	-	\$1,000	\$5,000	\$2,500	\$5,000
Annual Coinsurance Limit - Family (after deductible)	-	\$2,000	\$10,000	\$5,000	\$10,000
Lifetime Maximum	-	-	\$1,000,000	-	\$1,000,000
<b>Physician / Specialist Services</b>					
Primary Care Physician Office Visit	\$25	0%	40%	20%	40%
Specialist Office Visit / Specialty Care Services	\$35	0%	40%	20%	40%
Other Physician Services provided under Out-Patient or In-Patient Care	\$0	10%	40%	20%	40%
<b>Pharmacy Benefit</b>					
Prescription - Generic - Tier I	\$10	0%	0%	20%	20%
Prescription - Preferred - Tier II	\$30	0%	0%	20%	20%
Prescription - Non-Preferred - Tier III	\$60	0%	0%	20%	20%
Prilosec OTC	\$5	0%	0%	20%	20%
<b>Hospital Services</b>					
In-Patient Services	\$250	10%	40%	20%	40%
Out-Patient Surgical Services	\$100	10%	40%	20%	40%
Diagnostic Services	\$0	10%	40%	20%	40%
<b>Emergency Care Services</b>					
ER Visit, Urgent Care Center, Observation	\$100	0%	0%	20%	20%
<b>Preventive Care Services</b>					
 Physical Exams / Preventive Care	\$0	0%	Not Covered	0%	Not Covered
 Well Baby / Child Care Visits	\$0	0%	Not Covered	0%	Not Covered
 Immunizations	\$0	0%	Not Covered	0%	Not Covered

\* Above is a summary of common services - Please refer to the Schedule of Benefits for full details, limitations and exclusions

## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Allergy Services</b>					
Injection with no office visit	\$0	10%	40%	20%	40%
Services by Specialty Providers (office visit & testing)	\$35	10%	40%	20%	40%
<b>Ambulance Services</b>					
Ground or Air Ambulance Transportation	\$0	0%	40%	20%	40%
* Limited Benefit: \$1,000 per member per plan year but does not include charges for emergency medications administered during transport					
<b>Behavioral / Mental Health &amp; Substance Abuse Treatment Services</b>					
* See Behavioral / Mental Health and Substance Abuse Treatment Care Services section of this Annual Benefits Guide or in your Summary Plan Description (SPD)					
<b>Dental Care Services</b>					
Repair to non-diseased teeth due to accident/injury	\$35	10%	35%	20%	40%
Coverage is provided for the following dental services in an outpatient setting:					
<ul style="list-style-type: none"> <li>* Treatment and x-rays necessary to correct damage to non-diseased teeth or surrounding tissue caused by an accident or Sjogren's Syndrome occurring on or after effective date</li> <li>* Treatment or correction of a non-dental physiological condition caused by Sjogren's syndrome</li> <li>* Injury that has resulted in severe functional impairment</li> <li>* Treatment for tumors or cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth</li> <li>* Removal of impacted or partially impacted wisdom teeth</li> <li>* Pre-treatment dental services in connection with treatment of cancer of the head or neck</li> </ul>					
<b>Diabetes Management Service</b>					
Insulin Pump & Supplies	\$0	20%	40%	20%	40%
Glucometers & Supplies	\$0	20%	40%	20%	40%
Diabetic Self Management Training	\$25 per Program	0%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Diabetic Supplies, Insulin, Insulin Syringes and Lancets (if purchased together) available through prescription drug card at your Pharmacy. Applicable charges may apply such as copayments, deductible charges, or coinsurance charges</li> <li>* Not subject to DME annual benefit limit of \$10,000</li> <li>* Glucometers must be purchased through DME provider and is not subject to annual maximum DME benefit</li> </ul>					
<b>Durable Medical Equipment / Enteral Feeding</b>					
DME/Enteral Feeding	\$0	20%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for medically necessary durable medical equipment, see exclusions</li> <li>* Enteral Feeding requires Pre-Certification by American Health Holding</li> <li>* Durable Medical repairs must be pre-approved by American Health Holding for items over \$1,000</li> <li>* Durable Medical purchases must be pre-approved by American Health Holding for items over \$1,000</li> <li>* The Plan does not provide benefits for DME that is for patient convenience</li> <li>* In-network DME providers should be used to maximize plan benefits</li> <li>* Limited to \$10,000 annual maximum benefit from the Plan</li> </ul>					

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network verses Out-of-Network charges.

## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Emergency Care Services</b>					
ER Visit, Urgent Care Center, Observation Services	\$100	0%	0%	20%	20%
<ul style="list-style-type: none"> <li>* Medical emergency means the sudden onset of a medical condition with symptoms enough to cause a prudent person to believe that lack of immediate medical attention could result in serious jeopardy to his / her health, the health of an unborn child, impairment of a bodily function or dysfunction of any bodily organ or part</li> <li>* Copayment waived if admitted directly to the hospital or transferred directly to another facility from that emergency admission</li> <li>* You may contact the toll free number listed on your health identification card for a participating facility or physician in the event of an emergency outside of the service area</li> </ul>					
<b>Employee Assistance Program (EAP) Services</b>					
Star EAP Services	\$0	0%	Not Covered	0%	Not Covered
<ul style="list-style-type: none"> <li>* Employee Assistance Program (Star EAP) Telephonic Consultation and Face-to-Face Short Term / Brief Resolution Counseling is provided for all active insured employees and covered dependents</li> <li>* Limited to eight (8) EAP sessions per episode with no copayment</li> <li>* Must contact Arkansas Help Line at 1-866-378-1645</li> </ul>					
<b>Home Health Services</b>					
Home Health Services	\$0	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for home health visit services when your medical condition supports the need for in-home services and is approved by American Health Holding and such care is prescribed, authorized, or ordered by an in-network physician and provided by an in-network home health agency, for in-network benefits to be applied</li> <li>* Requires pre-certification by American Health Holding</li> </ul>					
<b>Home Intravenous Drugs</b>					
Home IV Drugs and Solutions	\$0	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Some medications may require prior authorization for coverage by American Health Holding</li> <li>* Contact American Health Holding to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance</li> </ul>					
<b>Hospice Services</b>					
Hospice Care	\$0	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided only when medically necessary and services reviewed by American Health Holding</li> </ul>					
<b>Hospital Services - Inpatient</b>					
In-Patient Services	\$250	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Copayment charged per admission except in cases of direct transfer to another facility</li> <li>* Maximum of 3 copayments per member per Plan Year</li> <li>* Coverage is provided for inpatient services when medically necessary and pre-approved by American Health Holdings</li> <li>* If you select a private room, you are responsible for the difference in charges for private room and semi-private room</li> </ul>					

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services.

See inside back cover for an example of In-Network versus Out-of-Network charges.

## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Hospital Services - Outpatient</b>					
Out-Patient Surgical Services	\$100	10%	40%	20%	40%
* Diagnostic Services and procedures that are performed outside the PCP office * Coverage is provided for outpatient services when medically necessary and pre-approved by American Health Holding * Refer to list of services requiring pre-determination or pre-certification by American Health Holding					
Diagnostic Services	\$0	10%	40%	20%	40%
* For Out-patient Radiological services, see section for Radiology Services					
Injectable Medication	\$0	10%	40%	20%	40%
* Subject to Plan Exclusions and Limitations as defined in the Summary Plan Description (SPD) * Some medications may require prior authorization for coverage by American Health Holding * Contact American Health Holding to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance					
<b>Immunizations</b>					
Immunizations	\$0	0%	Not Covered	0%	Not Covered
* Flu vaccinations and immunizations are considered In-Network when provided at Arkansas Health Department					
<b>Maternity and Family Planning Services</b>					
Prenatal and Postnatal Out-Patient Care	\$25	10%	40%	20%	40%
* Prenatal and Postnatal outpatient care Copayment required on first visit only * Pregnancy pre-notification required by American Health Holding					
In-Patient Maternity Services	\$250	10%	40%	20%	40%
* Copayment applicable per admission * Hospital Length of Stay for Childbirth: This Plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother and newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section delivery					
Infertility Diagnostic Evaluation	\$35	10%	40%	20%	40%
* Treatment for infertility is not a covered benefit under the ARHealth or ARHealth HD PPO plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment.					
Infertility Testing	\$200	10%	40%	20%	40%
<b>Ostomy Supplies</b>					
Ostomy Supplies	\$0	10%	40%	20%	40%
* Benefit limited to a three (3) month supply * For maximum benefits, ostomy supplies should be obtained through a DME provider that is contracted with your Benefit Coordinator * Contact your Benefit Coordinator for a list of participating DME providers					

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services.

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	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Pharmacy Benefit</b>					
Prescription - Generic - Tier I	\$10	0%	0%	20%	20%
Prescription - Preferred - Tier II	\$30	0%	0%	20%	20%
Prescription - Non-Preferred - Tier III	\$60	0%	0%	20%	20%
Prilosec OTC	\$5	0%	0%	20%	20%
* Member is responsible for paying 100% of prescription cost for drugs not covered by the plan. * ARHealth HD PPO members may receive a negotiated discount for their prescription. Cost of prescription will count toward applicable deductible and Coinsurance Annual Limit					
<b>Preventative Care Services</b>					
* See Preventative Care Services in this Annual Benefits Guide or in your Summary Plan Description (SPD)					
<b>Professional Services</b>					
Chiropractic Services	\$35	10%	40%	20%	40%
* Benefit limited to Fifteen (15) visits per therapy per member per Plan Year					
Physician Office Visits	\$25	0%	40%	20%	40%
* ARHealth and ARHealth HD PPO plans do not require you to select a Primary Care Physician (PCP), but it is highly recommended. By coordinating your personal health care through a single physician, you can help maintain a consistent level of service with a provider that understands your medical needs and situation					
Specialist Office Visit / Specialty Care Services	\$35	0%	40%	20%	40%
Other Physician Services provided under Out-Patient or In-Patient Care	\$0	10%	40%	20%	40%
Injectable Medication	Office Copay	0%	40%	20%	40%
* Office copay will vary depending on provider classification (physician or specialist) * Subject to Plan Exclusions and Limitations as defined in the Summary Plan Description (SPD) * Some medications may require prior authorization for coverage by American Health Holding * Contact American Health Holding to verify if a medication requires prior authorization for coverage.					
<b>Prosthetic and Orthotic Devices</b>					
Prosthetic and Orthotic Devices	\$0	20%	40%	20%	40%
* Benefit limited to one (1) prosthetic device that aids in bodily functioning or replaces a limb after an accident or surgical loss and two (2) orthotic devices used for correction or prevention of skeletal deformities * Prosthetic or Orthotic Devices must be deemed medically necessary. Pre-approval by American Health Holding for items over \$1,000 * Appliance provider must be contracted with benefit coordinator * In order for the device to be covered, it must be an appliance that is defined by the Medicare DME Manual * Repair or replacement of devices due to normal growth or wear is a covered benefit * Maintenance and repairs resulting from misuse or abuse is not covered and is the responsibility of the member * Benefit limited to \$15,000 in Prosthetic / Orthotic Plan benefits per Plan Year					
<b>Radiology Services</b>					
Radiology Services	\$250	10%	40%	20%	40%
* Charges will apply for such services as MRI, MRA, CT, and PET Scans on a "per case" basis * Coverage is provided only when medically necessary and pre-approved by American Health Holding * Charges will not apply when provided in conjunction with Emergency Room or In-Patient Hospital Services					

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network versus Out-of-Network charges.



## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Reconstructive Surgery</b>					
Correction of defects due to accident or covered surgery	Hospital Copay	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Out-Patient or In-Patient copayment will apply as applicable</li> <li>* Children 18 years and under for specific conditions for congenital deformity or accident/injury repair</li> <li>* Coverage is provided only when medically necessary and pre-approved by American Health Holding. Contact American Health Holding for confirmation of covered services. The circumstances for coverage are very limited.</li> </ul>					
<b>Rehabilitation Services (In-Patient)</b>					
Rehabilitation Services	\$250	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to sixty (60) days per member per Plan Year</li> <li>* Copayment applicable per admission</li> <li>* Coverage is provided only when medically necessary and pre-approved by American Health Holding</li> </ul>					
<b>Rehabilitation Services (Out-Patient)</b>					
Physical Therapy	\$0	10%	40%	20%	40%
Occupational Therapy	\$0	10%	40%	20%	40%
Speech Therapy	\$0	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for these services based on medical necessity, determined by American Health Holding, and when arranged, authorized, and provided by an in-network physician and in-network facility</li> <li>* The Plan does not provide benefits for maintenance therapy. Maintenance Therapy refers to therapy in which you actively participate that is provided to you after no continued significant and measurable improvement is reasonably or medically anticipated</li> </ul>					
<b>Skilled Nursing Facility (SNF) Services</b>					
SNF Services	\$250	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to Sixty (60) days per member per Plan Year and require pre-authorization by American Health Holding</li> <li>* Coverage is provided for SNF services based on medical necessity, determined by American Health Holding, and when arranged, authorized, and provided by an in-network physician and in-network facility</li> </ul>					
<b>Temporomandibular Joint (TMJ) / Dysfunction (TMD) Services</b>					
TMJ / TMD Services	Office Copay	10%	40%	20%	40%
<ul style="list-style-type: none"> <li>* Pre-Authorization by American Health Holding and participation with case management services required</li> <li>* Physician or Specialist copayment will apply as applicable</li> <li>* Coverage is provided for TMJ / TMD services based on medical necessity.</li> </ul>					
<b>Transplant Services</b>					
Organ / Bone Marrow Transplant	\$250	10%	Not Covered	20%	Not Covered
<ul style="list-style-type: none"> <li>* Copayment applicable per admission</li> <li>* Benefit Limited to two (2) organ transplants per Member per Lifetime</li> <li>* Benefit Limited to \$10,000 lifetime limit for travel and lodging in conjunction with transplant services</li> <li>* Coverage is provided for transplant services subject to the benefit maximums and requirements. Transplant services MUST be provided by approved transplant providers and facilities</li> <li>* In order to be eligible for coverage, you MUST notify American Health Holding prior to receiving any transplant services, including transplant evaluation. You MUST coordinate all transplant services, including transplant evaluation. For questions about your transplant benefits, contact American Health Holding</li> </ul>					

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network verses Out-of-Network charges.

## What Else Comes with ARHealth?

ARHealth is more than just health insurance; it's a comprehensive health program dedicated to your overall health. In addition to the covered services for physician visits and hospital admissions, ARHealth and ARHealth HD PPO provide you with access to a variety of other services such as:

- Behavioral / Mental Health & Substance Abuse Services
- ARWellness programs for weight loss, tobacco cessation, and more
- Utilization Management
- Preventative Care / Wellness Benefit including well child care, annual physicals, and immunizations
- Health Savings Account (HSA)

All these services combine to provide you with a complete health care package.

### Behavioral / Mental Health & Substance Abuse Services

Behavioral / Mental Health Services and Substance Abuse Service are coordinated through Corphealth. Contact Corphealth for a list of participating providers and instructions on accessing these services.

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Deductible - Individual	-	\$0	\$1,000	\$1,250	\$3,000
Deductible - Family	-	\$0	\$2,000	\$2,500	\$6,000
* Subject to same deductible as medical plan					
Annual Coinsurance Limit - Individual (after deductible)	-	\$1,000	\$1,250	\$2,500	\$5,000
Annual Coinsurance Limit - Family (after deductible)	-	\$2,000	\$1,875	\$5,000	\$10,000
Initial Behavioral Health Benefit	\$0	0%	Not Covered	0%	Not Covered
* Must contact Arkansas Help Line at 1-866-378-1645					
Traditional Out-Patient Services	\$25	0%	\$25 copay + 25% coins.	20%	40%
In-Patient Services	\$250	10%	\$300 copay + 35% coins.	20%	40%
* Copayment charged per admission for the ARHealth Plan					
Out-Patient Services (partial hospital / day treatment)	\$0	25%	\$0 copay + 25% coins.	20%	40%
Out-Patient Services (Intensive Out-patient)	\$0	0%	\$125 copay + 45% coins.	20%	40%
* Out-of-Network copayment applies to first visits only					
Residential Treatment	\$0	10%	35% coins.	20%	40%

# ARWellness

Each year, millions of us make a decision to get in shape, stop smoking, or just take better care of ourselves. Unfortunately, many people fail to meet their goals, not from a lack of dedication but from a lack of education. We all know that getting in shape and eating better are the right things to do, but not everyone knows how to make those dreams become a reality. That is how ARWellness can help.

As a member of the ARHealth Plans, you are eligible to participate in the wellness initiative called ARWellness. As with all wellness programs, the goal of ARWellness is to provide our members with education and assistance to help them make better decisions about their personal well-being. ARWellness is actually a combination of 5 separate programs with different areas of focus. Coordinated through Corphealth; these 5 programs are Balance®, Nourish®, Breathe®, Relax®, and Care® For Your Back, and are the product of HealthMedia®, Corphealth's strategic partner.

## Balance®

Overweight and obesity are major contributors to many preventable causes of death and disease. High blood pressure, high cholesterol, heart disease, and cancer are among the myriad of illnesses associated with higher body weights. Balance® is an ideal program for adults who want to lose weight, maintain a recent weight loss, or prevent the weight gain in patterns frequently found with aging.

## Nourish®

Poor eating habits contribute to many diseases that face the nation today. Conditions such as diabetes, hypertension, high cholesterol, and heart disease can be linked to unhealthy eating habits. Nourish® gives adults the tools for making healthy eating choices so they can improve their health and well being.

## Breathe®

Smoking is a major risk factor for a number of potentially fatal diseases. Heart disease, stroke, lung cancer, and chronic lung disease are just a few of the illnesses that can be attributed to tobacco use. In addition, smokers generally take more sick days, have lower productivity levels, and have higher medical costs than non-smokers. Breathe® is an ideal program for those members who want to live longer, healthier lives by kicking the habit for good.

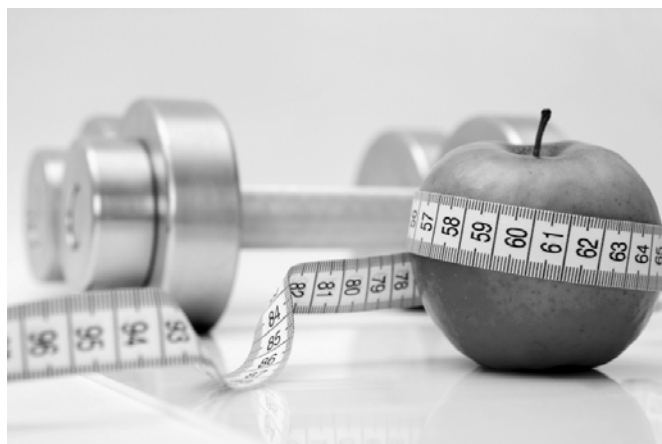
## Relax®

Stress is a common problem that affects your health and productivity. 43% of all adults suffer adverse health affects from stress. Over 50% of all lost workdays are due to stress; and 75-90% of all physician visits are stress related. Stress is associated with the six leading causes of premature death: heart disease, cancer, lung ailments, accidents, cirrhosis, and suicide.

## Care® For Your Back

Changing behavior is the key to prevention and treatment of chronic conditions and back pain. If you have ever suffered from back pain or know someone who has, then you understand just how unpleasant it can be. You also know that living with chronic back pain can put a damper on work, exercise, family and social events.

For more information on the benefits and options under ARWellness or to sign up for these programs, visit [www.corphealth.com/arwellness](http://www.corphealth.com/arwellness) or call toll free at 1-866-378-1645.



# Utilization Management

EBD has contracted with American Health Holding (AHH) to provide utilization management. The utilization management services will include precertification, predetermination, and concurrent review.



Pre-determination is necessary to verify if you are active with the plan and if the services being requested is a covered benefit on the plan. AHH will maintain contact with the hospital providers to approve additional days for your hospitalization when your medical status changes and additional days are warranted for concurrent review.

Precertification and predetermination will be **necessary** for the list of procedures provided below but is not limited to this list. It will be necessary for your provider to contact AHH at 1-800-592-0358 to obtain authorization of the services being requested. This number is also printed on your insurance card. It is also your responsibility to verify or make certain the procedure has been approved to avoid problems with the payment for the services.

## **This precertification or predetermination list is mandatory, but not limited to:**

Inpatient admissions	Cognitive rehabilitation	TMJ/TMD
Sub-acute admissions	Limited out-patient hospital	Home Nursing visits
Inpatient rehabilitation	surgical procedures	Pain Management
Skilled nursing facility	Physical therapy, occupational	
Residential treatment	therapy, speech therapy	
Transplants	Home infusion therapy	

## **Other Surgeries**

Bunionectomy (great toe alignment)  
Cochlear implants (implant for loss of hearing)  
ESWT (extracorporeal shock-wave therapy)  
IDET (intradiscal electrothermal therapy)  
Lithotripsy (shock wave for kidney stones)  
Septoplasty (nasal septum repair)  
Strabismus repair (vision correction for misalignment of one or both eyes)  
UPPP (uvulopalatopharyngoplasty removal of tissue in the throat for treatment of sleep apnea)  
Varicose vein excision and ligation

## **Radiology Services that require pre-authorization**

Computerized Tomography (CT scan)  
Magnetic Resonance Imaging (MRI)  
Magnetic Resonance Angiography (MRA)  
Positron Emission Tomography (PET scan)

## **When medically necessary, potentially cosmetic surgeries, including but not limited to:**

Blepharoplasty and/or brow lift  
Gynecomastia reduction (male breast reduction)  
Lipectomy (fatty tissue removal)  
Mammoplasty (breast augmentation or reduction)  
Panniculectomy (excess layer of abdominal tissue removal following weight loss)  
Pectus excavatum repair (repair of concave chest wall)  
Radial keratotomy (unless excluded from coverage)  
Rhinoplasty (nose repair)  
Ventral hernia repair



# Preventative Care / Wellness Benefits

The following preventative/wellness services are covered at 100% under the ARHealth and ARHealth HD PPO plans for employees and their covered dependents. Services are covered at In-Network providers ONLY. Services may be obtained from more than one physician. Services that are not for screening or preventative in nature, but rather due to illness or specific condition, are subject to the standard Schedule of Benefits and will be subject to co-payments, co-insurance, and deductibles when applicable. For questions, contact your Benefit Coordinator.

Wellness Services	
Immunizations	
Well Baby Care - under 2 years of age	
Well Child Care - 2 years or older	
Physical Exams - Adults (limit 1 per Plan Year at no cost)	
Routine Mammogram (limit 1 per Plan Year at no cost)	
Annual Routine Gynecological visit (limit 1 per Plan Year at no cost)	
New Baby/Well Baby Visits	
Under 1 year	Initial comprehensive preventative medicine evaluation and management of an individual. Including an age and gender appropriate history, examination, counseling, or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations laboratory/diagnostic, new patient; infant (age under 1 year)
Under 1 year	Periodic comprehensive preventative medicine reevaluation and management of an individual. Including an age and gender appropriate history, examination, counseling or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations, laboratory/diagnostic, established patient; infant (age under 1 year)
Newborn Care	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference with parents.
Preventative Care Services - Child (under age 18)	
• Birth to Age 1 = Six Visits	• Age 12 to 17 = Annual Visits
• Age 1 to 2 = Three Visits	• Lead Level = Age 9 months to 24 months
• Age 3 to 4 = Annual Visits	• Vision Screening = 3-6, 8, 10, 12 & 15 months
• Age 5 to 11 = Annual Visits	• Hearing Screenings = 4-6, 8, 10, 12 & 15 months
Preventative Care Services - Adults (age 18 and over)	
• Annual Physical Office Visit	• Fecal occult blood test annually and one of the following: * Flexible sigmoidoscopy every 5 years * Colonoscopy once every 10 years * Double contrast barium enema once every 5 years
• Colorectal Cancer Screening beginning at age 50	
• Pap Smear	• Cholesterol and HDL - Once every 5 years for males age 35 and older and once every 5 years for females 45 and older
• Prostate Specific Antigen (PSA) age 40 and over	• Screening Mammogram (including Breast Exam) age 40 and over

\*Flu vaccinations and immunizations considered In-Network when received at Arkansas Health Department



# Preventative Care / Wellness Benefits continued...

## Immunizations - Child (under age 18)

Diphtheria
Diphtheria and Tetanus toxoid and acellular pertussis (DTaP)
Diphtheria and Tetanus toxoid and whole cell pertussis (DTP)
Diphtheria and Tetanus toxoid and whole cell pertussis and Hemophilus Influenza b (DTP-Hib)
Diphtheria and Tetanus toxoid and whole cell pertussis, Hemophilus Influenza b, and Inactivated Poliovirus (DTap-Hib-IPV)
Diphtheria and Tetanus toxoid for ages over 7 (Td)
Gardasil ages 9 to 18
Hemophilus Influenza b (hib)
Hepatitis B (HEP B)
Hepatitis B (HEP B) and Hemophilus Influenza b (hib) combo
Influenza (flu) ages 6 months and older
Measles, live for subq use (IPV)
Measles, Mumps, Rubella (MMR)
Measles, Mumps, Rubella and Varicella (MMRV)
Measles, Rubella
Menactra Vaccine ages 11 to 18
Mumps
Pneumococcal Conjugate, for children under 5
Pneumococcal Conjugate, adult or immunosuppressed, children age 2 or older
Polio, live , oral use (OPV)
Rota Teq Vaccine administered orally in 3 doses for the prevention of Rotavirus, ages 2, 4, and 6 months
Rubella
Tetanus
Varicella

## Immunizations - Adults (age 18 and over)

Diphtheria, every 10 years
Diphtheria and Tetanus toxoid for ages over 7 (Td), every 10 years
Gardasil ages 18 to 26
Hepatitis B (HEP B) - once per lifetime
Influenza (flu), annually
Menactra Vaccine ages 18 to 27
Pneumococcal Conjugate for adults 55 and over
Zostavax Vaccine for adults 60 and over

\*Flu vaccinations and immunizations considered In-Network when received at Arkansas Health Department

# Health Savings Accounts (HSA)

**W**ould you like to spend less of your paycheck on insurance and gain more control over how and when you spend your healthcare dollars? If the answer is "Yes!", a Health Savings Account (HSA) just may be for you.

**Arkansas***hsa.com* 

An HSA is a personal medical savings account that is an optional component of the ARHealth HD PPO offered through the NovaSys Health Network. The HD PPO has the lowest monthly premiums of any available plan. Plus, you can make contributions to the HSA, earn interest, and make withdrawals for medical services, all TAX-FREE!

- ✓ **Reduced Insurance Premiums** – Reducing your monthly premiums can provide you with a great opportunity to save money and build up your HSA balance. **At the Family level, the annual premium savings of the HD PPO over the next lowest plan is nearly \$2,000.**
- ✓ **No "Use-It-or-Lose-It" Rule** – Any unused account balance in your HSA rolls over and is available in coming years.
- ✓ **Long Term Savings** – Because your HSA funds can roll over from year to year, you can let your account grow and earn interest tax-free. And the account is yours; if you leave or change jobs, it goes with you.
- ✓ **More Take Home Pay** – Contributions are deducted on a pre-tax basis, decreasing your payroll tax and increasing your check.
- ✓ **Additional Health Coverage** – You can use your HSA to pay for expenses not usually covered by health plans, including: dental, vision, long-term care insurance, prescription medication, qualifying over-the-counter medication and much more.
- ✓ **Easy Access** – The funds in your HSA can be withdrawn at any time for any reason. Distributions for a qualified medical expense are tax-free; other distributions are subject to income tax and a 10% excise tax.
- ✓ **Catch-Up Contributions** – Individuals who are 55 or older can make an additional annual contribution of \$900.
- ✓ **Increased Contributions** – Maximum contributions have increased for the 2008 tax year to \$2,900 for Employee Only and \$5,800 for Family Coverage.

## *Things to Consider when Deciding if an* **HSA** *is Right for You!*

- In order to participate in an HSA, you must be covered by a qualified HSA eligible health insurance plan (ARHealth HD PPO is a qualified plan), not have other non-qualified health coverage, and not be receiving Medicare benefits. For further clarification of HSA eligibility, go to [www.ArkansasHSA.com](http://www.ArkansasHSA.com) or email the HSA administrator at [ASE@idpas.com](mailto:ASE@idpas.com).
- An HSA is an individual savings account just like any other savings account so certain bank fees apply, including a \$10 set-up fee and a \$2 monthly fee (which can be deducted directly from the account).
- Active Employees can have their HSA contributions processed as a Pre-Tax deduction from their paycheck; saving them Federal, State and other payroll taxes. DPAS is the ONLY approved HSA provider for the ARHealth plan.
- As you or your family members incur medical expenses, simply withdraw the money from your account. This can be done with the mySourceCard® debit card, electronically online at [www.ArkansasHSA.com](http://www.ArkansasHSA.com), or by submitting a paper form to DPAS.

# HSA continued...

## New to the HSA this Year:

- The IRS has passed the Health Opportunity Patient Empowerment Act or HOPE Act allowing contributions to the HSA to be determined by the contribution limits set by the IRS rather than the employee's deductible amount.
- Employees can now elect to have a mySourceCard® debit MasterCard® with the HSA. There are fees associated with the card (see options to right)
- Investment Options–Mutual Fund investment options are now available to qualified HSA participants who wish to increase the tax-free earning potential of their HSA funds. For more information on Investments, go to [www.ArkansasHSA.com](http://www.ArkansasHSA.com) or contact DPAS at 1-877-685-0655.
- Combined Account Application & Salary Reduction Agreement for easier account setup.

## Increased Contribution Limits:

- In previous years, contributions to an HSA were limited to deductible amount, but that has changed. Contributions are now limited only by federal limits which mean that you can save up to \$2,900 for an employee only or \$5,800 for family coverage for 2008.
- Increased contributions to your HSA allow for greater tax savings and better protection from unexpected medical emergencies.

## Mutual Fund Investment Option:

- All Employees with a Health Savings Account balance in excess of \$1,000 are eligible to open an investment portfolio. Account holders can choose one of the investment allocation models or build their own portfolio from the 18 available funds. Daily trades are allowed between funds with no transaction fees.
- There is an annual fee associated with the mutual fund investment of \$50 which can be deducted from your account.

## mySourceCard® debit MasterCard® Option:



- All Employees with a Health Savings Account are eligible to elect a mySourceCard® debit MasterCard®.
- Use your mySourceCard® to pay providers such as doctors, hospitals, and other merchants, including Wal-Mart®, Walgreens®, and drugstore.com®. You will only be able to pay for HSA qualified expenses at these retailers, so there is no need to file a claim form.
- There are monthly fees associated with the mySourceCard® debit card:
  - Set-Up fee: \$3.00 for a single card  
\$5.00 for a second card
  - Monthly fee: \$2.00

## Signing Up for Your Health Savings Account:

*Are you ready to open your HSA? We have provided 2 easy ways to sign up:*

**Online 24/7**

[www.arkansashsa.com](http://www.arkansashsa.com)

1. Using any computer with internet access, go to [www.arkansashsa.com](http://www.arkansashsa.com).
2. At the home page, click on "Sign-up Now."
3. Enter your Employer Code: ASE53295, and click "Continue."
4. Read the Custodial Account Agreement. Scroll to the bottom of the agreement and click "I Have Read and Understand" to continue.
5. Read the Disclaimer and click "I Have Read and Understand" to continue.
6. Enter your Social Security Number (without the dashes) and click, "Continue."
7. Enter your Name & create your Personal Login ID. You will use the Login ID to access your account once approved and opened.
8. Complete the application and print two copies of your confirmation page. Turn in one copy to your health insurance representative and keep the other for your records.

**OnPaper**

[00b9b6l](mailto:00b9b6l)

1. Complete the HSA application and Salary Reduction agreement. You can find the form at the back of this Guide.
2. Be sure to Sign and Date the application form.
3. Turn in your completed and Signed form to your health insurance representative.



**For more information, please log on to [www.ArkansasHSA.com](http://www.ArkansasHSA.com) or contact DPAS at 1-877-685-0655.**

## What Other Benefits Do I Have?

The section below and the pages that follow list a few of the extra benefit options for Arkansas State Employees and their dependents. We ask that you read each section carefully to become more familiar with the wide variety of benefit options to assist in the well-being of you and your family.

### Employee Assistance Program - StarEAP

StarEAP, your employee assistance program, provides immediate, professional assistance with personal, work-related, or emotional issues. These free, confidential services are just a telephone call away for both you and your eligible family members. StarEAP serves as a pathway to the behavioral health benefit for participating employees and covered family members. The behavioral health benefit includes psychiatric outpatient, inpatient, and other levels of care that are not part of StarEAP. Behavioral healthcare may require a co-payment and co-insurance.

The logo for StarEAP, featuring the word "StarEAP" in a large, bold, serif font. The letter "a" in "Star" is replaced by a five-pointed star.

#### Here's How It Works

When you call StarEAP, a trained professional will assess your personal situation with you, help you clarify the problem or crisis, assist with referrals to appropriate resources, and make every attempt to minimize any out-of-pocket costs for additional services.

#### Here's How It Helps

StarEAP helps you with issues that occupy your time, attention, and creates stress in your life. Some common issues are:

- Work Problems
- Depression and anxiety
- Personal or family alcohol and chemical dependency problems
- Marriage and divorce issues
- Parenting
- Financial and credit problems
- Eldercare and childcare issues
- Other personal or family problems

#### Tap into StarEAP Expertise

An advantage of StarEAP is that the professional staff already have knowledge of your benefit plan. They are familiar with therapists and resources in your community. If needed, they can refer you to providers that are covered by your insurance - minimizing your out-of-pocket-expenses.

#### It Doesn't Have to Be a Crisis

Most people who contact StarEAP are everyday people with everyday problems, so do not let the size of the issue keep you from seeking assistance. Contact StarEAP for someone to talk with, support during a time of need, a professional opinion on your situation, information on community resources, or referral to a network provider.

#### Strict Confidentiality

Personal information about you and your dependents is confidential. StarEAP complies with all local, state, and federal privacy laws. EAP services are provided through CorpHealth for all eligible State Employees and family members. Here's how to contact StarEAP – Call 1-866-378-1645 or visit [www.corphealth.com](http://www.corphealth.com). Access is easy, call 24 hours a day, 7 days a week.

The logo for CorpHealth, featuring the word "corphealth" in a bold, lowercase, sans-serif font. Below it, the tagline "COLLABORATE. INTEGRATE. LEVERAGE." is written in a smaller, all-caps, sans-serif font.

# Arkansas Diamond Deferred Compensation



## Arkansas Diamond Deferred Compensation Plan

The Arkansas Diamond Deferred Compensation Plan (457 b) is a voluntary retirement savings plan that allows payroll deduction contributions with pre-tax dollars. As an employee, you may choose a voluntary dollar amount to be payroll deducted up to annual contribution limits set by the IRS. Once enrolled in the Plan, you simply self-direct your investment choices from those offered through the Plan. Your benefit is realized through the growth of their pre-tax contribution, and the power of long-term tax-deferred savings. Upon retirement, you may choose to receive your retirement savings back through a lump-sum payment or monthly pay-out.

### Top 10 reasons to think about the Arkansas Diamond:

1. Your assets may not be subject to a penalty for early withdrawal
2. Rollovers, including DROP balances are allowed
3. Low cost program
4. Wide array of investment choices
5. Tax deferred growth helps generate more return
6. Variety of payout options and flexible distributions
7. Easy transfers among investment options
8. Eligible for enrollment upon hiring
9. Able to change contribution amounts as needed
10. Local reps available for personal service



### Citistreet

CitiStreet has been the administrator and record keeper for the plan since April 2002. Walk-in and phone calls are welcome. Licensed investment advisors are available to plan participants by calling 1-866-275-0457. Get started today for a financially sound future.

Name	Address	
CitiStreet Corporate Office	One Heritage Drive North Quincy, MA 02171	Phone: 800-905-1833
CitiStreet Arkansas Office	Regions Bank Bldg. 400 W. Capitol Ave, Suite 1611 Little Rock, AR 72201	Phone: 501-301-9900 Toll Free: 866-271-3327



# ARCAP

The Arkansas Cafeteria Plan (ARCAP) is another option available to active State Employees. Coordinated by Fringe Benefits Management Company (FBMC), this tax-free method can be used to pay for eligible benefits. Your insurance premiums are deducted from your gross pay before taxes are calculated through premium conversion, which results in less taxes and more spendable income. With ARCAP, you can pay your state employee group health and life insurance premiums, dependent (child, adult, and elder) care expenses, and certain unreimbursed, out-of-pocket medical expenses tax-free! Your payroll-deducted cancer and disability plans can be paid also. Enrollment for this feature is automatic for employees with medical insurance coverage and employee-only life insurance. Dependent term life insurance, however, is not eligible for Premium conversion.

Through ARCAP, FBMC provides you with IRS tax-favored Flexible Spending Accounts (FSAs) to stretch your medical expense and dependent care dollars. These accounts feature IRS-approved reimbursement of eligible expenses, tax-free. You decide the amount you want deposited before income and Social Security taxes are deducted. You can enroll in both a Medical Expense FSA and/or a Dependent Care FSA, if you incur both types of expenses during a plan year. Medical Expenses not covered by your insurance plan may be eligible for reimbursement under a medical Expense FSA, including:

- Prescriptions
- Eyeglasses
- Orthodontia
- Over-the-Counter (OTC) items

Eligible dependent care expenses, are reimbursable under a Dependent Care FSA. To ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working, enroll in a Dependent Care FSA. Dependent care expenses, whether for a child or an elder, include any expense that allows you to work, such as:

- Day Care Services
- In-Home Care
- Nursery and Preschool
- Summer Day Camps

In addition, you have the option of using the EZ REIMBURSE® MasterCard® Card for electronic reimbursement of eligible expenses. This convenient Medical Expense FSA reimbursement option allows FBMC to reimburse expenses under the plan and IRS guidelines. When you use the EZ REIMBURSE® MasterCard® Card to pay for the eligible expenses, the funds are electronically deducted from your Medical Expense FSA. Just swipe your EZ REIMBURSE® Card like you would any other credit card. Whether at your health care provider or at the drugstore, the amount of your eligible expenses will be automatically deducted. Documentation for certain EZ REIMBURSE® Card transactions will be required. The documentation should include:

- Name of the Patient
- Name of the Service Provider
- Date of Service
- Type of Service (including prescription name)
- Total Amount of Service

## EZ REIMBURSE® MasterCard® Card

- ✓ Instant Reimbursements
- ✓ Instant approval of some copayments
- ✓ No Out-of-Pocket Expense
- ✓ Easy access to MSA funds



**\*\*\*Remember to keep and submit proper documentation! Proper documentation will be required for all healthcare and dependent care expenses under a FSA unless you use the EZ REIMBURSE® Card. Please make sure to avoid delays by reading the ARCAP Reference Guide for details.\*\*\***

For more info about the FSAs and the Card, contact FBMC at 1-800-342-8017 or visit [www.myFBMC.com](http://www.myFBMC.com). To enroll, visit [www.ARBenefits.org](http://www.ARBenefits.org) and download an ARCAP enrollment form from the benefits library.

# Voluntary Products

Major medical can not cover everything for everyone and many employees find the need to supplement their health insurance coverage with additional insurance. EBD coordinates many different voluntary or “supplemental” products in order to provide our members with a comprehensive benefit offering. Below is just a short summary of some of the products coordinated through EBD. Other products and services are available to employees through various associations and organizations

## Dental & Vision

One of the changes this year to the health insurance is the removal of the dental and vision screenings. Many hours were spent looking at these plan options and the final decision to remove them was not an easy one to make. However, for many employees the coverage from the ARHealth plan was in addition to their supplemental policy purchased by an outside carrier. Many of these supplemental plans provide preventative services as well as full restorative benefits.

## Medical Supplement

Many people are faced with diagnosis and treatment of a major medical condition and can significantly impact a member’s financial situation. To address this, many disease / condition supplemental products

are available. Plans to cover such items as cancer, strokes, transplants, and intensive care are available for the membership. These plans are provided through a variety of different vendors with each option having a different schedule of benefits and cost.

## Life / Disability / Long Term Care

Protecting our families from financial disaster in the event of a loss or disability is the purpose of these types of plans. Planning for the unfortunate allows you and your family to address a catastrophic issue with confidence and security.

## Property & Casualty

Protecting our property is not only required in many cases, but also makes good sense. Plans are available for employees to take advantage of group discounts and payroll deductions.

## Planning and Protecting

Employees can also choose a variety of plans dealing with planning for a financially sound future or for protecting you from legal problems such as law suits and identity theft.

Contact your agency’s insurance representative for more information about the various supplemental products.



# Life Insurance

## MINNESOTA LIFE

A Securian Financial Group Affiliate

Effective January 1, 2008, Minnesota Life will provide your Basic & Supplemental Group Term Life and Accidental Death & Dismemberment (AD&D) insurance coverage. Minnesota Life is one of the largest group life insurance providers in the country and is also one of the most highly rated companies for financial strength\*.

Financial strength in an insurance company is important because life insurance is a promise to pay a benefit at some point in the future. Being financially strong enables Minnesota Life to deliver on that promise. Go to [www.lifebenefits.com](http://www.lifebenefits.com) for more information on Minnesota Life's financial rating.

\*To see Minnesota Life's financial ratings, see [www.lifebenefits.com](http://www.lifebenefits.com)

Rest assured that during this time of transition, employees will NOT have a lapse in insurance coverage. Minnesota Life is providing you with the same level of coverage that you currently have in addition to added services, comprehensive online self-service utilities, and a lower monthly premium rate.

## Importance of Term Life Insurance

During your working years, your income is critical to you and your family. Not just to take care of today's needs, but to make your long-term plans a reality. Have you thought about how your family would manage financially without your income? Group Term Life insurance protects your family's financial security by making sure that if you die, they will have the money to cover significant expenses like paying off the mortgage, raising the kids, and paying for college.

As a State employee, you are provided, at no charge to the employee, a \$10,000 Basic Life and AD&D policy. Active legislators and constitutional officers may increase this Basic coverage by purchasing an additional \$30,000 with those premiums paid by the individual. Along with this Basic plan, you can purchase coverage on yourself, your spouse, and your dependents and pay your premiums conveniently through payroll deduction.

## Extra Services

In addition to excellent customer service and a quality insurance program, Minnesota Life also offers more. As a member of Minnesota Life, you and your family will have access to Will Preparation Services and Beneficiary Financial Consulting.

Will preparation is provided by Ceridian for employees, retirees, spouses or dependents. This program provides telephonic consultation with an attorney. A quality and professionally assisted will can aid your family and beneficiaries in their time of loss.

Beneficiary Financial Consulting is provided by PricewaterhouseCoopers (PwC) and is available to beneficiaries who receive an insurance benefit of \$25,000 or more. This consultation is provided at no charge and participation in this service is strictly voluntary. The financial counselors of PwC are experienced Certified Financial Planners, Certified Public Accountants, attorneys, and personal financial specialists. PwC counselors do not and can not sell products. They provide your beneficiary with counseling on topics such as estate settlement, budgeting, and taxes.



# Life Insurance Continued

## Time to Act – Beneficiary Designation

Although your coverage will continue from the current insurance company to Minnesota Life, it is necessary that you designate a beneficiary for your life insurance coverage. The beneficiary will receive the benefits of the life insurance policy upon your death. When there is no designated beneficiary, the “order of priority” is determined by the policy, not you. This default distribution is based on a person’s relationship to the insured member and should be considered as a last resort. It is important that you determine the beneficiary of the policy and only that will ensure that your wishes are carried out.

## Proceed

To establish your beneficiary and make any coverage election updates, go to [www.ARBenefits.org](http://www.ARBenefits.org) and login using your User ID and Password. Once inside the secure site, click the link for Minnesota Life under the My Membership tab. This will automatically log you into the secure site for Minnesota Life where you can designate your specific beneficiary applicable to your Basic and Supplemental coverage.

If you do not have a User ID and Password established, you may self-register online at your convenience by going to [www.ARBenefits.org](http://www.ARBenefits.org) and clicking the “ARBenefits Login” link

You may choose to print the Beneficiary Designation, Enrollment form and/or Evidence of Insurability form from the ARBenefits.org library.

## Time to Plan – Additional Coverage

Based on your employee classification, you can elect different amounts of insurance coverage. Following are the options and limits applicable to ACTIVE employees, legislators and constitutional officers. Note: All information for retired employees, legislators, and constitutional officers can be found in the Annual Benefits Guide for State Retirees.

## Supplemental Coverage Options and Limits

Active Legislators and Constitutional Officers are provided with \$10,000 in basic coverage with the option to purchase an additional \$30,000 of basic coverage. They may elect up to \$50,000 of Supplemental Life and AD&D coverage. All other Active Employees are provided with \$10,000 in basic coverage and may elect to purchase up to \$250,000 of Supplemental Life and AD&D coverage.

All Supplemental coverage must be purchases in \$1,000 increments and is no longer subject to salary limitations. If you are applying for coverage that is not guaranteed, you should complete an Evidence of Insurability form (available in the ARBenefits.org library) as part of your enrollment.

## Accidental Death & Dismemberment

The Accidental Death and Dismemberment (AD&D) benefit is equal to the total of the Basic Life and Supplemental Life combined and is subject to the same reductions. AD&D coverage is terminated at age 75.

## Leave of Absence

To continue coverage during a leave of absence, call Minnesota Life at 888-826-2734 to establish direct billing.

# Life Insurance Continued

## Portability

Upon retirement, termination of employment or layoff, you may continue any active Basic and Supplemental Term Life insurance coverage that you are not continuing as a retiree, and any active dependent coverage. You must elect the portability option within 31 days of your last day of eligibility. You will pay Minnesota Life directly for this coverage. And you may continue it to age 70.

You are not eligible to continue coverage if you were not actively at work due to sickness or injury on the day before you lost eligibility.

## Age Reductions

Benefits will reduce 50% at age 65 and will reduce an additional 50% of the reduced amount at age 70. Basic Life will not reduce to less than \$4,000 (\$10,000 for Legislators and Constitutional Officers who elected the additional \$30,000 basic amount). The maximum amount of coverage for someone age 70 or older is \$20,000 for Basic and Supplemental Life combined.

Monthly Rates per \$1,000 of Employee Supplemental Life and AD&D

Age	Rate	Age	Rate
Under 30	.090	55 – 59	.760
30 – 34	.120	60 – 64	1.130
35 – 39	.130	65 – 69	2.200
40 – 44	.200	70 – 74	3.580
45 – 49	.330	75 – 79	7.120
50 – 54	.520	80+	11.520

Employee rates increase with age and are subject to change

## Dependent Coverage Options and Limits

Active Legislators and Constitutional Officers may elect the dependent package which provides \$20,000 coverage for spouse and eligible dependent children. All other Active Employees may elect the dependent package which provides \$4,000 coverage for spouse and eligible dependent children. Children are eligible for 50% of the insurance coverage amount from age 14 days to three years.

Provided you elect Supplemental Coverage for yourself, you may also elect additional coverage for your spouse and/or dependent children. Legislators and Constitutional Officers may elect an additional \$20,000 coverage for spouse and eligible dependent children. All other Active Employees may elect an additional \$4,000, \$8,000, \$12,000 or \$16,000 coverage for spouse and eligible dependent children.

## Dependent Age Eligibility

Unmarried children are eligible if (a) 14 days or older but less than 19 years old; (b) 19 years old or older but less than 24 years old, if not working on a full-time basis, a full-time student in an accredited school, residing with you and depending on you for more than 50% of support; or (c) 19 years or older and are incapable of self-sustaining employment due to mental or physical disability.



# Life Insurance Continued

## Monthly Rate per \$1,000 of Dependent Package

Dependent Package	.540
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### Calculate Your Monthly Premium Deduction

Determine the amount of insurance coverage you wish to purchase. Divide the amount of coverage by \$1,000 for the total units of coverage. Multiply the number of units by the rate in your age category. Add the monthly dependent package premium if applicable.

Following is an example of a premium calculation for a 38-year-old Active Legislator purchasing \$50,000 of Supplemental Life and AD&D coverage and the \$20,000 dependent package, who will pay \$17.30 per month for this coverage:

Amount of employee insurance - \$50,000  
Units of coverage –  $50,000 / 1,000 = 50$   
Monthly rate for 38-year-old employee - \$0.130  
*Multiply units by rate –  $50 \times 0.130 = \$6.50$*

Amount of dependent insurance - \$20,000  
Units of coverage –  $20,000 / 1,000 = 20$   
Monthly rate for dependent package - \$0.540  
*Multiply units by rate –  $20 \times 0.540 = \$10.80$*

***Total monthly premium deduction = \$17.30***

### Questions

If you have questions about your existing coverage, coverage options, and/or enrolling, please call Minnesota Life at 888-826-2734.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life to the State of Arkansas and to any certificates issued there under. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions and terms of coverage. For purposes of this paragraph, the terms “policy”, “certificate”, and “certificates” include any related riders, supplements, endorsements or amendments. This product is offered under policy form series MHC-96-13180.

# Monthly Premiums for Arkansas State Active Employees

2008 Plan Year Rates - Effective January 1, 2008 - December 31, 2008

HRA DISCOUNT									
	Base Monthly Premium	State Contribution	Total Monthly Employee Cost	Payroll Deduction Amount	One Healthy Discount Level I	One Healthy Discount Level II	Two Healthy Discounts Level I	One Healthy Discount Level I and One Level II	Two Healthy Discounts Level II
				24 Payroll deductions	\$10 monthly savings	\$20 monthly savings	\$20 monthly savings	\$30 monthly savings	\$40 monthly savings
Employee Only									
ARHealth - Health Advantage	\$392.00	\$294.00	\$98.00	\$49.00	\$44.00	\$39.00	-	-	-
ARHealth - NovaSys	\$385.72	\$294.00	\$91.72	\$45.86	\$40.86	\$35.86	-	-	-
ARHealth HD PPO - NovaSys	\$322.96	\$294.00	\$28.96	\$14.48	\$9.48	\$4.48	-	-	-
Employee & Spouse									
ARHealth - Health Advantage	\$930.40	\$563.20	\$367.20	\$183.60	\$178.60	\$173.60	\$173.60	\$168.60	\$163.60
ARHealth - NovaSys	\$915.30	\$563.20	\$352.10	\$176.05	\$171.05	\$166.05	\$166.05	\$161.05	\$156.05
ARHealth HD PPO - NovaSys	\$764.66	\$563.20	\$201.46	\$100.73	\$95.73	\$90.73	\$90.73	\$85.73	\$80.73
Employee & Child(ren)									
ARHealth - Health Advantage	\$587.32	\$391.66	\$195.66	\$97.83	\$92.83	\$87.83	-	-	-
ARHealth - NovaSys	\$569.16	\$391.66	\$177.50	\$88.75	\$83.75	\$78.75	-	-	-
ARHealth HD PPO - NovaSys	\$475.00	\$391.66	\$83.34	\$41.67	\$36.67	\$31.67	-	-	-
Employee & Family									
ARHealth - Health Advantage	\$1,029.68	\$612.84	\$416.84	\$208.42	\$203.42	\$198.42	\$198.42	\$193.42	\$188.42
ARHealth - NovaSys	\$1,013.02	\$612.84	\$400.18	\$200.09	\$195.09	\$190.09	\$190.09	\$185.09	\$180.09
ARHealth HD PPO - NovaSys	\$846.68	\$612.84	\$233.84	\$116.92	\$111.92	\$106.92	\$106.92	\$101.92	\$96.92

# Complete the Annual Health Risk Assessment!!!

Don't miss your opportunity to save money on your monthly premiums by completing the short Health Risk Assessment survey. In just a few minutes, members could save up to \$40 off their monthly premiums.

## Here's how it works

For Web Survey:

1. Go to [www.ARBenefits.org](http://www.ARBenefits.org) and click the option for Health Risk Assessment (HRA)
2. Log In using your Social Security Number and Date of Birth (SSN does not require dashes - date of birth should be entered as XX/XX/XXXX)
3. Answer a few questions about your personal health
4. Save money on your monthly premiums



For Phone Survey:

1. Call (800) 763-4674
2. Follow the voice prompts to log in
3. Answer a few questions about your personal health
4. Save money on your monthly premiums

## Personal Wellness Report

Your responses to the survey will generate a customized wellness report with suggestions and resources to help you improve your health.

**Please consult your physician before beginning any exercise or diet routine.**

## Monthly Savings

- Each covered adult member who completes the HRA will receive a \$10 monthly discount.
- An additional \$10 discount may be given based on your overall wellness score on the following behaviors: Physical Activity, Body Mass Index, Safety Belt Use, Alcohol Use, and Tobacco Use.
- Maximum Savings per coverage tier:
  - Employee Only or Employee + child(ren) = \$20
  - Employee + Spouse or Employee + Family = \$40

# Monthly Premiums for Arkansas State COBRA Participants

## 2008 Plan Year Rates - Effective January 1, 2008 - December 31, 2008

		HRA DISCOUNT				
	Total Monthly Premium	One Healthy Discount Level I	One Healthy Discount Level II	Two Healthy Discounts Level I	One Healthy Discount Level I and One Level II	Two Healthy Discounts Level II
		\$10 monthly savings	\$20 monthly savings	\$20 monthly savings	\$30 monthly savings	\$40 monthly savings
<b>Employee Only</b>						
ARHealth - Health Advantage	\$399.84	\$389.84	\$379.84	-	-	-
ARHealth - NovaSys	\$393.43	\$383.43	\$373.43	-	-	-
ARHealth HD PPO - NovaSys	\$329.42	\$319.42	\$309.42	-	-	-
<b>Employee &amp; Spouse</b>						
ARHealth - Health Advantage	\$949.01	\$939.01	\$929.01	\$929.01	\$919.01	\$909.01
ARHealth - NovaSys	\$933.61	\$923.61	\$913.61	\$913.61	\$903.61	\$893.61
ARHealth HD PPO - NovaSys	\$779.95	\$769.95	\$759.95	\$759.95	\$749.95	\$739.95
<b>Employee &amp; Child(ren)</b>						
ARHealth - Health Advantage	\$599.07	\$589.07	\$579.07	-	-	-
ARHealth - NovaSys	\$580.54	\$570.54	\$560.54	-	-	-
ARHealth HD PPO - NovaSys	\$484.50	\$474.50	\$464.50	-	-	-
<b>Employee &amp; Family</b>						
ARHealth - Health Advantage	\$1,050.27	\$1,040.27	\$1,030.27	\$1,030.27	\$1,020.27	\$1,010.27
ARHealth - NovaSys	\$1,033.28	\$1,023.28	\$1,013.28	\$1,013.28	\$1,003.28	\$993.28
ARHealth HD PPO - NovaSys	\$863.61	\$853.61	\$843.61	\$843.61	\$833.61	\$823.61

# Thinking About Retirement?



On January 1<sup>st</sup>, 2007, all Arkansas State retirees, both Medicare and Non-Medicare Primary, came under a single health program called ARHealth Retiree. This program is coordinated through Health Advantage and provides a comprehensive network of physicians and facilities across and outside the state.

Just like the ARHealth Plan for the active members, ARHealth Retiree gives you the flexibility to visit any network physician or hospital you choose.

At retirement, you may be eligible to continue coverage for you and your dependents through regular deductions from a participating retirement system.

## Participating Retirement Systems are:

- Arkansas Public Employee Retirement System
- Arkansas Teacher Retirement System
- Judicial Retirement System
- Arkansas Highway and Transportation Department Retirement System
- Alternative Retirement System

**\*\*\*In order to continue coverage with ARHealth Retiree, you must be covered by the ARHealth Plan as an active employee on your last day of employment.\*\*\***

For more information on ARHealth Retiree, contact EBD at [AskEBD@dfa.state.ar.us](mailto:AskEBD@dfa.state.ar.us) and request a copy of the Annual Retiree Benefits Guide.



## But I Have A Question...

### **If I'm an active employee not currently participating in the Health Insurance Program, may I sign up during open enrollment?**

Yes. If you want health insurance coverage for the 2008 Plan Year, you must enroll during this Open Enrollment period. Unless you or your dependents qualify for special enrollment, you cannot enroll during the remainder of the year. Refer to the SPD for Special Enrollment situations.

### **Are my children's immunizations covered?**

State mandated immunizations are a covered benefit for children up to age 18. Some adult immunizations are a covered benefit including the flu immunization. See "Preventative Care Benefit" in this booklet for a full list of covered services.

### **My child is over 18 but is a full-time student in college; may he/she still be covered?**

Yes. You must complete a Student Verification Form (SFV) and return it to EBD. Each member is responsible for sending Student Verification Forms on your children to EBD annually and the first one **must** be received by their 19th birthday. Although EBD does mail Student Verification Forms out of courtesy, if for some reason you do not receive a SVF for one or all of your children, it is ultimately **your** responsibility for completing a form and sending it directly to EBD. It must be received by the deadline or your child's coverage will be dropped.

### **Must I pay anything before adding my newborn or newly adopted child to my insurance coverage during the plan year?**

Yes. You must pay the appropriate premium for the entire month in which the baby is born (or adopted) for the child to be covered. For example, if your baby is born on the 25th of the month, you owe the additional premium to cover the child for that entire month.

### **My child was insured through ARKids First, their coverage will expire on March 15th. Can I get coverage through this plan on March 16th?**

No. Insurance will become effective the 1st of the following month after you apply; you must apply within 30 days after a qualifying event.

### **Is there a difference in the cost of services between In-Network and Out-of-Network providers?**

Yes. The portion of the allowed charges that will be paid by the ARHealth Plan is significantly different between In-Network and Out-of-Network providers. You will be responsible for the portion of the charge that is not paid by the Plan. Please consult the online provider directory carefully before seeking care.

### **What is Utilization Management?**

The ARHealth Plan provides utilization management (UM) services for you using nationally accepted utilization management guidelines and internally developed reimbursement guidelines. In making coverage decisions the benefit coordinators apply these UM guidelines and reimbursement guidelines to information provided by your physician, any specialist(s) involved in your care, and your medical records. This will determine if you should be admitted to the hospital or how long you should stay in the hospital. Utilization management will also determine the appropriateness and medical necessity of tests such as, MRI, PET, CT, or MRA's. UM guidelines will also be applied to various therapies such as, physical, occupational and speech therapy. Your physician may request a review of the criteria used for decision making in writing. The Plan's medical directors are available to discuss the criteria with your physician.

### **How do I know what drugs are covered?**

One of the primary documents for the ARHealth Plan is called the Preferred Drug List or PDL. The document lists the most common medications and specifies which drugs are in Tiers I, II, or III, as well as which ones have special copay pricing (indicated with a TM next to the drug), quantity limits in place or require a prior authorization. Medications that are not listed on the PDL may or may not be covered by the Plan. Changes to the PDL are generally published once every three months; however, can be made more or less frequently. Questions about medications that are prescribed but not listed on the PDL should be directed to NMHC, the Pharmacy Benefit Manager for ARHealth.

# Summary Plan Description Request Form

In an effort to save money for the ARHealth Plan, EBD is providing you with access to the Summary Plan Description (SPD) through our web site, [www.arbenefits.org](http://www.arbenefits.org). This SPD will always be the most current version available to our members. We are required by law to provide you with current information regarding the ARHealth plans and we will always strive to do so in a manner that is cost effective.

You can, however, still receive a copy mailed to you. You now have the option of receiving an **electronic version** or **printed copy**. Each member can choose to receive a printed booklet or a compact disc (cd) mailed to their home.

To receive your copy by mail, complete the form below and return by mail to EBD.



*Fold Here*

☐ **YES!** I would like to receive a **printed** copy of the Summary Plan Description.

☐ **YES!** I would like to receive an **electronic** copy of the Summary Plan Description.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**---Return this form to EBD---**

PLACE  
STAMP  
HERE

**EBD**

Department of Finance  
and Administration  
P.O. Box 15610  
Little Rock, Arkansas 72231

Please Tape Here

**ARHealth**  
Self Funded  SM

## HSA Application & Salary Reduction Agreement

This Salary Reduction Agreement (SRA) authorizes your employer to reduce your salary by the indicated amount shown below for the exclusive purpose of facilitating a contribution to your Health Savings Account through your Cafeteria Plan. **Do Not Send Contributions With This Form.**

By completing this agreement, you are indicating that as of the effective date of your contribution election, you are an "Eligible Individual" as defined in the adoption agreement and authorize your employer to facilitate your monthly contributions to your HSA on your behalf.

### Instructions

\*Are you a current HSA Account Holder?

☐ **Yes** Fill out only your name in section 1 and proceed to sections 2 through 5.

☐ **No** Complete ALL required information, marked with an asterisk (\*) on both sides and sign the form. Look in the mail for your HSA Welcome Packet, which includes additional HSA services.

1

### Account Holder Information (Please Print)

\*Required Field

\*Name: (First)\_\_\_\_\_ (MI)\_\_\_\_\_ (Last)\_\_\_\_\_

\*Preferred Mailing Address: ☐ Home Address ☐ Mailing Address (*if different than Home Address*)

\*Home Address:\_\_\_\_\_ Mailing Address:\_\_\_\_\_

City:\_\_\_\_\_ City:\_\_\_\_\_

State:\_\_\_\_\_ Zip:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

\*Preferred Phone Number: ☐ Home ☐ Work

\*Home Phone:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work Phone:(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

If we need to reach you what is the best time to call:\_\_\_\_\_ ☐AM ☐PM

\*Email Address:\_\_\_\_\_

\*Date of Birth:\_\_\_\_\_ \*Social Security Number:\_\_\_\_\_

\*Driver's License Number:\_\_\_\_\_ \*Mother's Maiden Name (security):\_\_\_\_\_

\*School / Agency:\_\_\_\_\_

2

### HSA Contribution Election

I elect a monthly contribution of \$ \_\_\_\_\_ to my HSA effective \_\_\_\_\_  
Amount Date

Attention current MSA or HSA account holder with accounts at other financial institutions, please remember that the total annual contributions to all accounts may not exceed federally mandated limits.

## HSA Application & Salary Reduction Agreement cont.

3

### HDHP Information

Coverage Date: \_\_\_\_\_ Check One: ☐ Single Coverage ☐ Family Coverage

4

### mySourceCard® Debit Card

☐ I hereby request a mySourceCard™ MasterCard® debit card as an alternate distribution method from my HSA account. I understand that additional fees may apply. (See Article IV of the Custodial Account Agreement for terms of usage.) Print exactly as you would like it to appear on your card. 21 characters maximum, including spaces. If additional cards are needed, please include a separate sheet(s).

Name on 1<sup>st</sup> Card:

Name on 2<sup>nd</sup> Card:

5

### Adoption Agreement / Employee Signature

As of the effective date of my HSA Contribution Election, I certify that I am an "Eligible Individual" as defined by the Code and do hereby elect a Health Savings Account in accordance with Section 223 and Section 125 of the Internal Revenue Code. I understand this request will not be processed until all paperwork is completed, accepted and approved by my employer. I further understand that I am responsible for all contributions made to my HSA and that DataPath Administrative Services, Inc. is facilitating but not initiating the contribution.

This application is for the establishment of my individually owned Health Saving Account at the custodian displayed below. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the bottom of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder. I am currently, or will be upon the date of my first contribution, an eligible individual as described in the Custodial Account Agreement. I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so. I am currently, or will be upon the date of my first contribution, covered by a High Deductible Health Plan that meets the qualifications detailed in the Custodial Account Agreement.

\*Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

### Employer Signature

The employee's election of the Health Savings Account Contribution is accepted as of the date shown below.

\*Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Custodian

National Advisors Trust Company, FSB  
10881 Lowell Avenue, Suite 100 • Overland Park, KS 66210

### Plan Service Provider

DataPath Administrative Services, Inc.  
Serial Number: 666576474227  
1601 Westpark Drive, Suite 9 • Little Rock, AR 72204  
Web: www.idpas.com • Email: info@idpas.com  
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## Manage your Claims with In-Network Providers

In the following example, a simple 3-day stay at an In-Network hospital is compared to the same stay at an Out-of-Network facility. Network discounts and Balance Billing makes a significant difference to your pocketbook.

The following example assumes a 3-day in-patient hospital stay with billed charges of \$12,000 for a member on the ARHealth Plan with Employee-Only coverage.

	In-Network Hospital	Out-of-Network Hospital
Billed Charges	\$12,000	\$12,000
Allowed Charges	\$3,600	\$3,600
Less Member Deductible	( \$0 )	( \$1,000 )
Less Member Co-payment	( \$250 )	( \$0 )
Less Member Co-Insurance	( \$335 )	( \$1,040 )
ARHealth Plan's Payment	\$3,015	\$2,560
Total Member's Responsibility	\$585 including co-payment and co-insurance	\$9,440 including deductible, co- insurance, and balance of billed charges

In the above example, an ARHealth Member is responsible for only \$585 for the stay at an In-Network hospital but \$9,440 for the same stay at an Out-of-Network hospital.

Self Funded

## Understanding your EOB

Every member will receive an EOB (Explanation of Benefit) after a medical service such as an office visit or hospital stay. It is very important that you understand your EOB and review it for accuracy. Your EOB will list the provider, dates, description and charges associated with your service. If you have questions or you have not received services from the provider listed on the date of service, please contact your Benefit Coordinator.

### Explanation of Benefits

This is not a bill

SUBSCRIBER NAME      PATIENT'S NAME      RELATIONSHIP      I.D. NUMBER      GROUP NAME      GROUP  
NUMBER

John Doe      Jane Doe      Spouse      0075622002      AR State Emp/Act      001001

#### CLAIM DETAIL INFORMATION

Date Received: June 29, 2007

Date Processed: July 11, 2007

Claim Number: 050820T110086

Provider of Service: C Dale Johnson, MD

Provider Number: 51998-8887

Date of Service From/Thru	Type of Service	Billed Amount	Allowed Amount	Non-covered Amount	Deductible Amount	Copay-ment Amount	Coinsur-ance Amount	Primary Payer Amount	Provider Adjust-ment Amount	Provider Payment
6/18/07-6/18/07	Physician Visit - Office or Other (1)	30.00	23.09	0.00	0.00	0.00	0.00	0.00	11.53	18.47
6/18/07-6/18/07	Pathology (1)	30.00	15.30	0.00	0.00	0.00	0.00	0.00	14.70	15.30
Claim Totals		60.00	38.39	0.00	0.00	0.00	0.00	0.00	26.23	33.77

Did you visit the doctor or have any services done that day?

Did they do what they indicate?

Did you see this provider?

\*Above example is not indicative of costs/discounts and is for illustration purposes only.

# EBD

Department of Finance  
and Administration

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**This publication contains  
important health insurance  
information.**

